CITY OF SAN ANTONIO

Finance Department Director's Office

TO:	All City Department Directors						
FROM:	Troy Elliott, CPA, Controller						
COPIES:	Milo Nitschke, Acting Director of Finance; Ben Gorzell Jr., CPA, Assistant Director of Finance;						
	Susan Rios, CPA, Assistant Controller; Lisa Todd, CPA, Assistant Controller; Ron Bell,						
	Accounts Payable Supervisor; file						
SUBJECT:	Authorized Signatures						
	DATE: May 29, 2001						
designated by the updating this info Officer or above. forward a complewill be used to at Also, please provorder to gather in Additionally, please	artment is requesting your assistance in providing updated information regarding personnel who are the department director to approve or request financial information within your department. In permation, we would also request that all authorized personnel hold the job description of a Fiscal Attached, please find a Department Authorized Signature List. We are asking that each division exted form to the attention of Ron Bell, Accounts Payable Supervisor June 30, 2001. These forms additiour payment vouchers and ensure all payments are authorized and processed in a timely manner. Tide a contact person(s), if different than the authorizing signature, that we may notify and e-mail in voice or shipment information and determine if certification or payment has been authorized. The accounts Payable section of any future changes to your authorized department then the may be delayed, if an Authorized Signature List is not on file in Accounts Payable section by a indicated.						
Should you have you for your assis	any questions, do not hesitate to contact Susan Rios, Assistant Controller, at 207-6307 and thank stance.						
	Troy Elliott, CPA						
	Controller						

CITY OF SAN ANTONIO DEPARTMENT AUTHORIZED SIGNATURE LISTING

			CONTACT PERSON		** AUTHORIZED TO SIGN			
PRINTED NAME	TITLE	AUTHORIZED SIGNATURES	(IF DIFFERENT THAN	EXT	RFP	Annual Contracts	PO's Conf.	Petty
			AUTHORIZED PERSON)			Contracts	PO's	Cash
DEPARTMENT:		_						
DIVISION:								
		=	DEPARTMENT DIRECTOR SIGNA	TURE		-		

** Please check authorization box